

Commuter Choice Employee Certification

I hereby acknowledge receipt of the following monthly transportation fringe benefit paid for by my employer and valued at \$_____ per month (*select one*):

☐ **Transit Passes, Tokens or Tickets**

☐ **Transit Vouchers**

☐ **Vanpool Passes or Tickets**

☐ **Vanpool Vouchers**

And/or

☐ **Qualified Parking valued at \$_____ per month.**

I will be using the benefit exclusively for my regular daily direct commute from home to work and return. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person. If I selected any of the first four choices, the monthly benefit that I receive does not exceed my average monthly commuting cost based on a 20-day month commuting by public transportation or eligible vanpool.

I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment and possible prosecution for Federal income tax evasion.

Signed: _____ Date: _____